PLACE OF BIRTH		
1. County of Kilon	ARIZONA STATE BO	ARD OF HEALTH
District of Hayden or	BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH	State Index No. County Registrar No.
City of	No	e its NAME instead of street and number)
2. Full name of child 4 ganace		j If child is not yet named, make / supplemental report, as directed.
female. To be answered ONI in event of plural births.	4. Thin, triplet or other	7. Date Occ // 244 of birth Month day year
8. FATHER Full name Lesses Lope	14. Full maiden name Ug	MOTHER Januario Valenzuela
9. Residence (I) that place of abode) If nonresident, give place and state 10. Color or race Wefician 11. Age at la.	16. Color or race	
12. Birthplace (city or place)	sermoulle 18. Birthplace (city or a mex. (State or country	place) Junteran
13. Occupation Nature of industry Lafor	19. Occupation Nature of industry	house wife
0. Number of children of this mother Taken as of time of birth of child herein ertified and including this child.)	(2) Born alive and now living. 21. Were thalmi	precautions taken against ophia neonaterum?
nercoy certify that I attended the birth o	(Born alive or stillborn.)	DWIFE*
*When there was no attending physician midwife, then the father, householder, e should make this return. A stillborn cl is one that neither breathes nor shows of evidences of life after birth, iven name added from supplemental report	hild ther Address Hoy den a	(Physician of midwife)
Month, day, yes	ar. Filed 1 2 1929	Local (Registrar,